



SEMIAHMOO ROCK

Semiahmoo Minor Lacrosse Association

EXPENSE OR REFUND CLAIM FORM

Name of Claimant:	
Name & Division of Player <i>(if applicable):</i>	
Address <i>(incl. postal code):</i>	
Telephone:	Email:

Date	Description*	Amount
* must include original receipts		Total: \$

_____ Claimant Signature	_____ Authorized Executive Signature
Date Cheque Issued:	Cheque Number:

Submit to the SMLA Treasurer:
 Donna Moynihan
 14464 18 Avenue, Surrey, BC V4A 5R1

Allow for 2 weeks processing as cheques will be cut on the 15th and 30th of each month